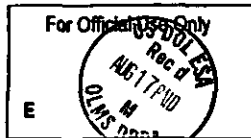


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9033</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Roland</u> <u>Lewis</u> P O Box Bldg Room No if any Street <u>300 So. GRAND</u> City <u>St. Louis</u> State <u>MO.</u> ZIP Code + 4 <u>63103</u>	4 Name file number and address of labor organization Name <u>TEAMSTER LOCAL UNION No. 688</u> Labor Organization File Number <u>025-471</u> P O Box Building and Room Number if any Street <u>300 So GRAND</u> City <u>St Louis</u> State <u>MO</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization <u>Recording Secretary & Business Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income. 7 b. Amount.

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8/12/05</u> Date	<u>314-658-5733</u> Telephone Number

Name of Person Filing Roland LewisFile Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name American Income Life Insurance Co

Trade Name if any

P O Box Bldg Room No if any P.O. Box 2608

Street

City WacoState Texas ZIP Code + 4 76797

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9.b or 9.c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Insurance Company markets policies to Union members and their families by having information about non-cost and other available coverage made by the Union to its membership. The insurance company has no direct contact with Union members.

11 b Approximate dollar value of such dealing

Unknown

12 a Nature of interest held or income received

no-cost accident death insurance policy (death benefit \$2,000.00), as is made available to all members of Teamsters Local 688

12 b Amount.

Unknown

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

14 b Amount of payment.

13 b Is the Business an Employer or Consultant ?

Name of Person Filing <u>Roland Lewis</u>	File Number <u>U</u>
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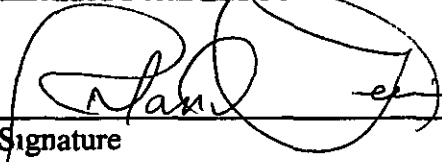
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name: <u>Teamsters Medicare Trust</u></p> <p>Trade Name if any: _____</p> <p>P O Box Bldg Room No if any: _____</p> <p>Street: <u>300 So GRAND</u></p> <p>City: <u>St Louis</u></p> <p>State: <u>MO</u> ZIP Code + 4: <u>63103</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name: _____</p> <p>Trade Name if any: _____</p> <p>P O Box, Bldg Room No if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11 a Nature of such dealing</p> <p><u>Employee Benefit Fund Contribution to which is negotiated by Teamsters Local 688</u></p> <p>11 b Approximate dollar value of such dealing <u>UNKNOWN</u></p> <p>12 a Nature of interest held or income received</p> <p><u>Reimbursements for Travel, meal, lodging and cost to attend The International Employers Benefit Conference in New Orleans as a Trustee</u></p> <p>12 b Amount <u>\$ 2695.91</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name: _____</p> <p>Trade Name if any: _____</p> <p>P O Box Bldg Room No if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p> <p>_____</p>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.


Signature

8/12/05
Date